

## AIR CONDITIONER (UPC, UMC, 97) PERMIT APPLICATION Schedule inspection by 3:00 P.M. day prior (303) 621-3140

Permit Fee \$150.00

						t Clinit FCC	<b>\$130.00</b>	
Property Owner			Phone		Date	2		
						<u> </u>		
Mailing Address	Street / PO Box			City		State	Zip	
Address of Property								
Subdivision								
Contractor Address:			Telephone #					
AC size and location	ion:							
Office use only								
Parcel ID	Tax Dist _		BOCC	Fire		School		
Subdiv Code	Lot	Sec	Twn	Rng	#Acres	Zone		
A separate Electric Electrical permits TO SCHEDULE ELE	issued by Sta	ate of Col	•	-				
Approved: Month	Day	Year	Expi	res: Month _	Day _	Year		
			X					
ELBERT COUNTY BUILDING INSPECTOR			<u>-</u>	APPLICANT SIGNATURE				
INSPECTION RECOR								
Shut off valves at ea	ch appliance _						_	
Strap gas lines			Pressure test @ 20#'s					
Inside pressure			Yard line	pressure test	:			
Comments								
ELBERT COUNTY BUILDING INSPECTOR			_	Final Approval Date				
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